

REPORT OF LOBBYING FIRM
(Government Code Section 86114)

FORM 625
1990

REPORT COVERS PERIOD FROM 04/01/2009 THROUGH 06/30/2009

CUMULATIVE PERIOD BEGINNING 01/01/2009

TYPE OR PRINT IN INK

For information required to be provided to you pursuant to the Information Practices Act of 1977, see [Information Manual on Lobbying Disclosure Provisions of the Political Reform Act.](#)

FOR OFFICIAL USE ONLY

A

B

NAME OF LOBBYING FIRM:

MARGOLIN GROUP INC. THE

BUSINESS ADDRESS: (Number and Street)

(City)

(State)

(Zip Code)

TELEPHONE NUMBER:

Los Angeles

CA

90067

MAILING ADDRESS: (If different than above)

PART I - (Read the instructions on the reverse before completing this section. Then, check one of the boxes below and complete Part I.)

- ☒ PARTNERS, OWNERS, OFFICERS, OR EMPLOYEES WHOSE "LOBBYIST REPORTS" (FORM 615) ARE ATTACHED TO THIS REPORT **OR**
- ☐ PARTNERS, OWNERS, OFFICERS, OR EMPLOYEES WHO ENGAGED IN DIRECT COMMUNICATION ON AT LEAST FIVE SEPARATE OCCASIONS DURING THE PERIOD

Owner

Mr. BURT MARGOLIN

☐ If more space is needed, check box and attach continuation sheets.

SUMMARY OF PAYMENTS THIS PERIOD

A. GRAND TOTAL PAYMENTS RECEIVED: \$ 121665.93
(From Subtotals in Part II)

B. TOTAL ACTIVITY EXPENSES: \$ 0.00
(From Part III, Section A, 3)

C. TOTAL PAYMENTS TO OTHER LOBBYING FIRMS: \$ 0.00
(From Part III, Section B)

D. GRAND TOTAL PAYMENTS MADE: \$ 0.00
(B + C, above)

E. CAMPAIGN CONTRIBUTIONS MADE:

☒ None This Period ☐ Part IV Completed and Attached

F. IS THE FIRM A MEMBER OF A LOBBYING COALITION ?

☒ No ☐ Yes (Complete and attach Form 630)

VERIFICATION

I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on (Date)

At (City and State)

By (Signature of Responsible Officer)

07/30/2009

Los Angeles CA

Burt Margolin

Name of Responsible Officer (Type or Print)

Title

Burt Margolin

President

PERIOD COVERED: 04/01/2009 06/30/2009

NAME OF LOBBYING FIRM: MARGOLIN GROUP INC. THE

PART II - PAYMENTS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY (Amounts may be rounded off to whole dollars. See Instructions on reverse.)				
Employer's Name, Address and Telephone Number The Tides Center/Childrens Partnership San Francisco CA 94129				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) Payment for services rendered during the 4th Quarter of 2008 re: Legislation related - to children's health issues - SB32 AB1				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 3500.00	\$ 512.50	\$ None 4012.50	\$ 4012.50	\$ 4012.50
Employer's Name, Address and Telephone Number Save California Trauma Centers Los Angeles CA 90067				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) Attachment Reference: 4099				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 4000.00	\$ 0.00	\$ None 0.00	\$ 4000.00	\$ 33500.00
Employer's Name, Address and Telephone Number Superior Court of CA County of Los Angeles Los Angeles CA 90012				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) SB11x2. Legislation related to sustaining the current structure for judicial benefits				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 10000.00	\$ 0.00	\$ None 0.00	\$ 10000.00	\$ 20151.35
			SUBTOTAL	\$ 121665.93

☒ If more space is needed, check box and attach continuation sheets

PART III - PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES					
SECTION A: ACTIVITY EXPENSES (See instructions on reverse.)					
1. ACTIVITY EXPENSES ARRANGED, INCURRED, OR PAID BY THE LOBBYING FIRM (OTHER THAN THOSE PAID OR INCURRED BY A LOBBYIST)					
Date	Name and Address of Payee	Name and Official Position of Reportable Persons and Amount Benefiting Each		Description of Consideration	Total Amount of Activity
			\$		\$
	Reference No:				
<input type="checkbox"/> If more space is needed, check box and attach continuation sheets			TOTAL SECTION A.1. (Include all subtotals from Continuation Sheets) \$ 0.00		
2. TOTAL ACTIVITY EXPENSES PAID, INCURRED, OR ARRANGED BY ALL LOBBYISTS EMPLOYED BY THE LOBBYING FIRM WHICH HAVE BEEN OR WILL BE REIMBURSED OR PAID BY THE FIRM.					\$ 0.00
3. TOTAL ACTIVITY EXPENSES (Section A, Parts 1 + 2)					\$ 0.00

PERIOD COVERED: 04/01/2009 06/30/2009NAME OF LOBBYING FIRM: MARGOLIN GROUP INC. THE**PART III - PAYMENTS MADE** (Continued)

SECTION B: PAYMENTS MADE TO OTHER LOBBYING FIRMS

Name, Address and Telephone Number of Firm Contracted With	Name of Employer or Client for Whom Subcontractor was Retained to Lobby	Amount This Period	Cumulative Total to Date
		\$ 0.00	\$ 0.00
<input type="checkbox"/> If more space is needed, check box and attach continuation sheets.		TOTAL PAYMENTS (Include all subtotals from continuation sheets)	\$ 0.00

PART IV - CAMPAIGN CONTRIBUTIONS MADE (Monetary and non-monetary campaign contributions of \$100 or more made to or on behalf of state candidates, elected state officers and any of their controlled committees, or committees supporting such candidates or officers must be reported in A or B below.)

- A. If the contributions made by you during the period covered by this report, or by a committee you sponsor, are contained in a campaign disclosure statement which is on file with the Secretary of State, report the name of the committee and its identification number, if any, below.

Name of Major Donor or Recipient Committee Which Has Filed A
Campaign Disclosure Statement: _____

Identification Number if
Recipient Committee: _____

- B. Contributions of \$100 or more which have not been reported on a campaign disclosure statement, including contributions made by an organization's sponsored committee, must be itemized below.

Date	Name of Recipient	I.D. Number if Committee	Amount
			\$

☐ If more space is needed, check box and attach continuation sheets.

NOTE: Disclosure in this report does not relieve a filer of any obligation to file the campaign disclosure statements required by Gov. Code Section 84200, et seq.

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NAME OF LOBBYING FIRM: MARGOLIN GROUP INC. THE

PART II - PAYMENTS RECEIVED IN CONNECTION WITH LOBBYING ACTIVITY (Amounts may be rounded off to whole dollars. See Instructions on reverse.)				
Employer's Name, Address and Telephone Number County of Los Angeles Sacramento CA 95814				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) Attachment Reference: 3717				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 78925.00	\$ 685.41	\$ 0.00 None	\$ 79610.41	\$ 139313.10
Employer's Name, Address and Telephone Number California Primary Care Association Sacramento CA 95814				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) Legislation and State Budget issues related to health care funding for community clinics.				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 15000.00	\$ 43.02	\$ 0.00 None	\$ 15043.02	\$ 25068.26
Employer's Name, Address and Telephone Number Tarzana Treatment Center Tarzana CA 91356				
Legislative or State Agency Administrative Actions "Actively" Lobbied During the Period. (See instructions on reverse.) See attached. Attachment Reference: 5750				
Fees and Retainers	Reimbursements of Expenses	Advances or Other Payments (attach explanation)	Total This Period	Cumulative Total to Date
\$ 9000.00	\$ 0.00	\$ 0.00 None	\$ 9000.00	\$ 18000.00
PAGE SUBTOTAL			\$ 103653.43	

TEXT ANNOTATION

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Schedule F625

Reference No: 4099

CA legislature regarding trauma center funding and health care access issues. CA Health and Human Services Agency and State Emergency Medical Services Authority on trauma center funding.

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Schedule F625

Reference No: 5750

Legislation and State Budget issues related to substance abuse treatment.

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Schedule F625

Reference No: 3717

Legislation and State Budget issues related to the financing of county government and funding for the L.A. County health system.